

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-576)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DER.	IND.	DER.	IND.	DER.
1.	1		1			
2.		1		1		
3.		1		1		
4.		3		1		
5.		0		1		
6.		0		1		
7.		0	1			
8.		0		1		
9.		0		1		
10.		0		1		
11.		0		1		
12.		0		1		
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TOTAL IND.		↓	3	↓		↓
TOTAL DER.		←	23	←		←
TOTAL CLAIMS			26			

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	IND.	DER.	IND.	DER.	IND.	DER.
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99.						
100.						
TOTAL IND.		↓		↓		↓
TOTAL DER.		←		←		←
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS